



Instructions for Electronic (Online) Documentation Program for Continuing Competency



This resource relates to the electronic documentation tools now imbedded into the registration software.

Step 1:

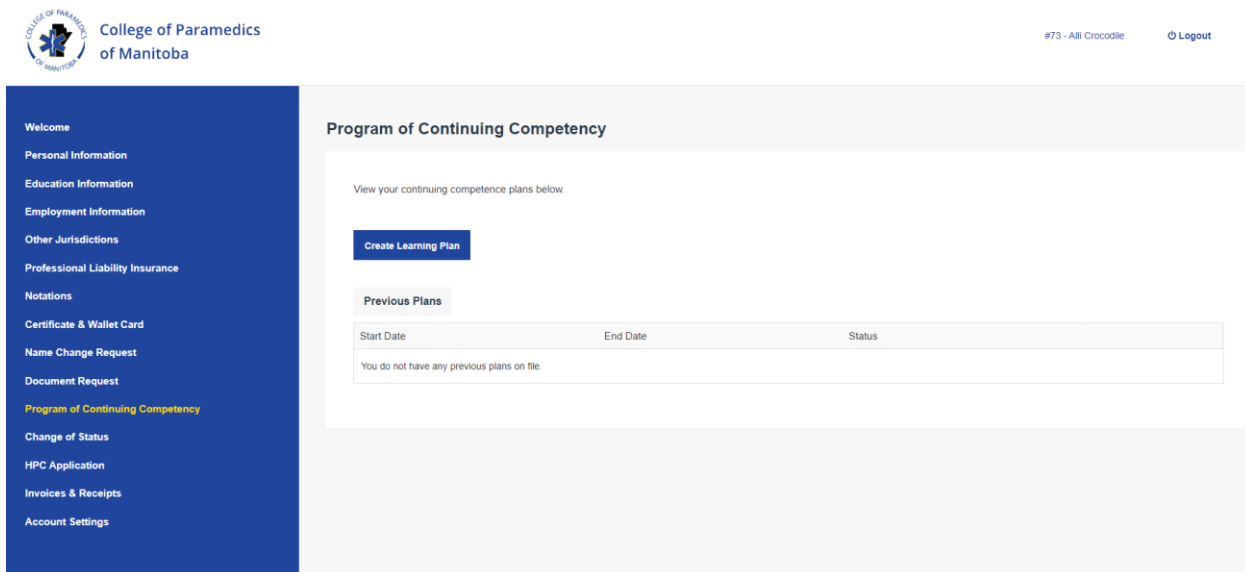
Log in to your registrant portal on the CPMB website (collegeparamb.ca).

In the left-hand menu, choose Program of Continuing Competency.

You will see tabs:

- Create Learning Plan
- Previous Plans

Click the "Create Learning Plan" tab.



Step 2:

Read the instructions regarding the self-assessment grading indicators.

Read the [NEW PCC Self-Assessment supplement](#).

Access further information on the website regarding the self-assessment in the [PCC Handbook](#). It contains information to help contextualize the PCC as a professional responsibility. Pay special attention to the SMART goal references to ensure your goals are "specific" enough to focus a learning activity on, and can be achieved within the PCC Cycle (April 1-March 31 annually)



Complete the required fields to provide information to the CPMB.

Click "save and continue" tab.

1 Introduction Step 1 of 4

The following steps will help you to submit your learning plan for your next renewal.

You will be reviewing and reflecting on each indicator listed in this tool, and rate the extent to which you meet the professional expectation it describes using a rating scale of 1-3 or N/A as follows:

- 1 - I rarely meet the expectation of this indicator. This is a priority area of development for me.
- 2 - I sometimes meet the expectation of this indicator.
- 3 - I consistently meet the expectation of this indicator.
- N/A - This does not pertain to my current practice indicator.

Of the indicators listed in this tool, you will need to select at least 2 (two) indicators you will focus on. From there, you will create a learning plan and specify projected activities for each indicator that you are focusing on.

For more information and guidance visit our website: <https://collegeparamb.ca/>

All information with a * is required information.

How many years have you practiced as a Paramedic? *

What is/are your current area(s) of practice? *

How many years have you practiced in this/these area(s)? *

Do you plan on changing your area of practice in the coming year? * Yes No

< Previous Save & Continue >

Step 3:

Complete the Self-Assessment. Take time to consider the questions and reflect on how you would "rate" yourself. Access the PCC Self-Assess supplement for further clarification.

After completing a page, click "Save Progress" tab.

1.6 - I demonstrate accountability for clinical and technical practice by exhibiting proficiency in technical and psychomotor skills. 2

1.7 - I demonstrate accountability for clinical and technical practice by ensuring appropriate infection control standards are maintained. 2

Save Progress

When you reach the end of the self-assessment **DO NOT** click the "Save and Continue" tab until you have reviewed your self-assessment. Once the "Save and Continue" tab is clicked, **you will not be able to change your self-assessment document, or your goals.**

Ensure you have chosen two areas under the "I will focus on this indicator this year". Those indicators chosen will become your goals for the PCC cycle.



Update Self-Assessment

Please review the indicators and rate yourself. Please indicate at least 2 (two) indicators you will focus on this year.

Check only two indicators.

Use the following scale when rating:

- 1 - I rarely meet the expectation of this indicator. This is a priority area of development for me.
- 2 - I sometimes meet the expectation of this indicator.
- 3 - I consistently meet the expectation of this indicator.
- N/A - This does not pertain to my current practice indicator.

1 - Professional and Practice Proficiency

How does each practice indicator apply to my practice?	Am I meeting expectations of this indicator consistently?	I will focus on this indicator this year.
1.1 - I demonstrate accountability for clinical and technical practice by applying understanding of foundational knowledge within the practice of paramedicine.	Select... <input type="checkbox"/>	<input type="checkbox"/>
1.2 - I demonstrate accountability for clinical and technical practice by being knowledgeable about the effects, side effects, interactions and safe administration of medications in the provision of care.	Select... <input type="checkbox"/>	<input type="checkbox"/>
1.3 - I demonstrate accountability for clinical and technical practice by applying foundational knowledge and evidence in informed practice including clinical and social sciences, leadership, management, health and social services and public safety systems.	Select... <input type="checkbox"/>	<input type="checkbox"/>
1.4 - I demonstrate accountability for clinical and technical practice by applying and evaluating knowledge developed through experience, clinical analysis and research findings.	Select... <input type="checkbox"/>	<input type="checkbox"/>
1.5 - I demonstrate accountability for clinical and technical practice by establishing and continuously developing critical and clinical judgment.	Select... <input type="checkbox"/>	<input type="checkbox"/>

Step 4:

Click **"Save and Continue"** tab to complete the self-assessment and goal designation portion.

Once the **"Save and Continue"** tab is clicked, **you will not be able to change your self-assessment document, or your goals.**



7 - Personal Health and Well-Being

How does each practice indicator apply to my practice?	Am I meeting expectations of this indicator consistently?	I will focus on this indicator this year.
7.1 - As I maintain my personal health and well-being I appreciate the benefits of an exercise program.	n/a	<input type="checkbox"/>
7.2 - As I maintain my personal health and well-being I appreciate the benefits of having interests/hobbies/engaging with organizations that have nothing to do with my job.	n/a	<input type="checkbox"/>
7.3 - As I maintain my personal health and well-being I appreciate the benefits of maintaining social contacts with friends outside my workplace.	n/a	<input type="checkbox"/>
7.4 - As I maintain my personal health and well-being I familiarize myself with the CPMB Code of Ethics and the requirement to maintain mental and physical fitness to practice.	n/a	<input type="checkbox"/>
7.5 - As I maintain my personal health and well-being I appreciate the benefits of regularly taking time off.	n/a	<input type="checkbox"/>
7.6 - As I maintain my personal health and well-being I maintain awareness and understanding of the signs and symptoms of stress related injury and illness and the resources available to address them.	n/a	<input type="checkbox"/>

Check this box to indicate you have reviewed the self-assessment carefully. Once it is "saved" it cannot be changed. *

< Previous

Save & Continue >

Step 5:

The next screen will show you the first indicator you chose as a goal for this PCC cycle.

Complete the required fields.

Using the SMART resource found in the Handbook, describe more specifically the goal you have chosen.

Access the Learning Activity documentation page by clicking the "Add New" tab.

You must designate and complete at least two learning activities per goal.



1.2 I demonstrate accountability for clinical and technical practice by being knowledgeable about the effects, side effects, interactions and safe administration of medications in the provision of care.

Please describe your Learning Goal/Objective for this indicator. *

Please provide details...

Please add at least 2 projected learning activities/interventions to the indicator. *

Learning Activity	Target Date	Completion Date
You do not have any learning activities on file.		

+ Add New

< Review Self Assessment

Save & Return >

Step 6:

Complete the required fields including a target date.

If you do not have the information for the required fields, click the "Cancel" tab (bottom left).

Once you have completed the required fields, including a "Target Date" – the date you intend to complete the learning activity – **click the "Save and Back" tab.**



Program of Continuing Competency - Add New Activity

All information with a * is required information.

1.1 - I demonstrate accountability for clinical and technical practice by applying understanding of foundational knowledge within the practice of paramedicine.

Activity Type *	<input type="text" value="Select..."/>
Activity Name *	<input type="text" value="Please provide details..."/>
Instructor(s)	<input type="text"/>
Location	<input type="text"/>
Target Date *	<input type="text" value=""/>
Date of Completion	<input type="text" value=""/>

< Cancel

Save & Back >

Step 7:

You can update your learning activity documentation at any time by clicking the "Update Learning Plan" tab.



Program of Continuing Competency - Edit

View your continuing competence plans below.

Current Plan

Start Date	End Date	Status
04/01/2023	03/31/2024	In-progress

[Review Self Assessment](#) [Update Learning Plan](#) [Submit PCC](#)

You can document additional learnings that were not part of your original plan below:

Document Name	Document Details
No documents have been uploaded. Click + Add New to upload a document.	
+ Add New	

Step 8:

Once you have completed a learning activity, fill in the **"Date of Completion."** (Under the "Target Date")

A new screen will appear requiring further documentation of the learning activity.

Learning Activity Details *

Describe in detail the learning activity you have completed. Include proper citations for articles or other publications used.

Impact of Practice *

Describe in detail what you learned and how the learning has impacted, or will impact, your paramedic practice. Has this learning

Attach Documentation. *

[Upload File](#)

[< Cancel](#) [Save & Back >](#)

You will be required to complete these fields to submit your PCC.

Ensure the "Learning Activity Details" provide substantial information and description of your learning activity and the resources utilized.



Ensure the Impact on Practice information is robust, as detailed as possible and reflects genuine engagement in reflecting how the learning has enhanced your practice.

Upload a document that substantiates your participation in the learning activity.

Click the "Save and Back" tab.

Step 9:

Once you have completed the self-assessment, the description of your SMART Goals, and the documentation of your learning activities (including a completion date and the required documentation), and have clicked "Save and Back", you are ready to consider submitting your PCC.

If your PCC is complete, click the "Submit PCC" tab.

Program of Continuing Competency - Edit

View your continuing competence plans below.

Current Plan

Start Date	End Date	Status
04/01/2023	03/31/2024	In-progress

[Review Self Assessment](#) [Update Learning Plan](#) [Submit PCC](#)

You can document additional learnings that were not part of your original plan below.

Document Name	Document Details
No documents have been uploaded. Click + Add New to upload a document.	

[+ Add New](#)

Step 10:

Once you click the "Submit PCC" tab, you will be asked to confirm your intent.



View your continuing competence plans below.

Current Plan

WARNING: you WILL NOT be able to modify your PCC submission following submission! Please ensure all activities are documented as required.

Do you wish to continue and submit?

Document Name	Document Details
psuiohkhvn	juopkhjgnb

WARNING: You will not be able to modify your PCC submission once you “submit” it. Please ensure you have reviewed it and have the required and correct information documented.

If your PCC is completed – click “YES”.

Program of Continuing Competency - Submitted

PCC Submitted

You have successfully submitted your Program of Continuing Competency.

NOTE: At renewal of registration (February 1-March 15 annually), you will have to have submitted your PCC before you can progress and complete your renewal of registration.

Step 11: (optional)

Open the [Professional Portfolio Additions fillable form](#). Complete the form recording additional activities (one per form) you have engaged in this year (April 1-March 31) that have enhanced your practice but are not part of or do not qualify for the PCC requirements. (Example recertifications, volunteer activities)